

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100 Primary Registration District No. Registrar's No. 36

FILED APR 2 1962

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE Mo b. COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Current twp		c. CITY OR TOWN Licking	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 7 W. SE Licking	

3. NAME OF DECEASED (Type or print) Lawrence - Collins			4. DATE OF DEATH Mar 20, 62		
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-12-1909-52	9. AGE (last birthday)	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and state or country) Dent Co. Mo			12. CITIZEN OF WHAT COUNTRY USA		
13. FATHER'S NAME Tim Collins			14. NAME OF HUSBAND OR WIFE		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 3	17. INFORMANT Gene Collins Licking Mo.
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18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia. Interval between onset and death 3 days Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatoid Arthritis.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) -----
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year -----
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 5-1-56	20f. CITY, TOWN, OR LOCATION 3/29/62	COUNTY STATE
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21. I attended the deceased from 12:30 to 3/29/62 and last saw him alive on 3/29/62 Death occurred at A m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE L.H. Hart (Degree or title)	22b. ADDRESS 541 E 14th	22c. DATE SIGNED 3/31/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-1-1962	23c. NAME OF CEMETERY OR CREMATORY Licking Cem.	23d. LOCATION (City, town, or county) Licking Mo
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24. FUNERAL DIRECTOR Smith-Ferguson Licking Mo	25. DATE RECD. BY LOCAL REG. 3/31/62	26. REGISTRAR'S SIGNATURE M. M. Hart, M.D. Sec.
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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Hubert E. Ferguson

Licensed Embalmer No.

3945

P. O. Address

Licking Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.